

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107580129

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER	
	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.		1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.
1					51				
2					52				
3					53				
4					54				
5					55				
6					56				
7					57				
8					58				
9					59				
10					60				
11					61				
12					62				
13					63				
14					64				
15					65				
16					66				
17					67				
18					68				
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40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.			3						
TOTAL DEP.			23						
TOTAL CLAIMS			26						

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER	
	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.		1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.
51					52				
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91					92				
92					93				
93					94				
94					95				
95					96				
96					97				
97					98				
98					99				
99					100				
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									